

DECLARATION UNDER 35 USC §371(c)(4) FOR PCT APPLICATION FOR UNITED STATES PATENT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: THE USE OF SPINEL FERRITES AS SENSITIVE MATERIAL FOR BOLOMETRIC INFRARED DETECTOR DEVICES

described and claimed in international application number PCT/FR2004/050695 filed December 15, 2004.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following U.S. and/or foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

French Patent Application No. 0315190, filed December 22, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, CUSTOMER NUMBER 25944, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor:	Philippe		TAILHADES
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:	Philippe		TAILHADES
3	Date of Signature:	September	4 th	2006
		Month	Day	Year
	Residence:	Saint-Orens de Gameville		France
		City	State or Province	Country
	Citizenship:	France		
	Post Office Address:	16, avenue de Gameville		
	(Insert complete mailing address, including country)	F-31650 Saint-Orens de Gameville, France		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

1	Typewritten Full Name of Joint Inventor:	Lionel		PRESMANES
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:	<i>Lionel</i>		<i>Presmanes</i>
3	Date of Signature:	September	4	2006
		Month	Day	Year
	Residence:	Castanet		France
		City	State or Province	Country
	Citizenship:	France		
	Post Office Address:	19, rue Jean Ingres		
	(Insert complete mailing address, including country)	F-31320 Castanet, France		

1	Typewritten Full Name of Joint Inventor:	Corinne		BONNINGUE
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:	<i>Corinne</i>		<i>BONNINGUE</i>
3	Date of Signature:	September	4	2006
		Month	Day	Year
	Residence:	Toulouse		France
		City	State or Province	Country
	Citizenship:	France		
	Post Office Address:	9, rue Lesage		
	(Insert complete mailing address, including country)	F-31400 Toulouse, France		

1	Typewritten Full Name of Joint Inventor:	Jean-Louis		OUVRIER-BUFFET
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:	<i>Jean-Louis</i>		<i>OUVRIER-BUFFET</i>
3	Date of Signature:	September	4 th	2006
		Month	Day	Year
	Residence:	Sevrier		France
		City	State or Province	Country
	Citizenship:	France		
	Post Office Address:	430, route de la Planche		
	(Insert complete mailing address, including country)	F-74320 Sevrier, France		

1	Typewritten Full Name of Joint Inventor:	Astrid		ASTIER
		Given Name	Middle Initial	Family Name
2	Inventor's Signature:	<i>Astrid</i>		<i>ASTIER</i>
3	Date of Signature:	September	4 th	2006
		Month	Day	Year
	Residence:	Voreppe		France
		City	State or Province	Country
	Citizenship:	France		
	Post Office Address:	394, avenue H. Chapays		
	(Insert complete mailing address, including country)	F-38340 Voreppe, France		

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

1 **Typewritten Full Name of Joint Inventor:** Stephanie CAPDEVILLE

2 **Inventor's Signature:** Stephanie CAPDEVILLE

3 **Date of Signature:** September 4th 2006

Month Day Year

Residence: Toulouse France

City State or Province Country

Citizenship: France

Post Office Address: 31, rue Plantier

(Insert complete mailing address, including country) F-31500 Toulouse, France

1 **Typewritten Full Name of Joint Inventor:** Claire VIALLE

2 **Inventor's Signature:** Claire VIALLE

3 **Date of Signature:** September 4th 2006

Month Day Year

Residence: Saint Egreve France

City State or Province Country

Citizenship: France

Post Office Address: 3, rue du Drac

(Insert complete mailing address, including country) F-38120 Saint Egreve, France

1 **Typewritten Full Name of Joint Inventor:** Pierre IMPERINETTI

2 **Inventor's Signature:** Pierre IMPERINETTI

3 **Date of Signature:** September 4th 2006

Month Day Year

Residence: Seyssins France

City State or Province Country

Citizenship: France

Post Office Address: 3, rue des Primeveres

(Insert complete mailing address, including country) F-38180 Seyssins, France

1 **Typewritten Full Name of Joint Inventor:** _____

2 **Inventor's Signature:** _____

3 **Date of Signature:** _____

Month Day Year

Residence: _____

City State or Province Country

Citizenship: _____

Post Office Address: _____

(Insert complete mailing address, including country) _____